

DEPARTMENT OF WORKFORCE SERVICES  
158 SOUTH 200 WEST  
P.O. BOX 45490  
SALT LAKE CITY UT 84146

JANE DOE  
1234 FIRST STREET  
ANYTOWN UT 84000

Your Name  
Your Address

NON-NEGOTIABLE

NON-NEGOTIABLE

## MEDICAID IDENTIFICATION CARD

UTAH DEPARTMENT OF HEALTH

ELIGIBLE FROM – JULY 1, 2006 THRU JULY 31, 2006

Current Month

THIS ID CARD ENTITLES THE FOLLOWING NAMED PERSON(S) TO MEDICAL/DENTAL/PHARMACY SERVICES

\*\*\*\*\* Health Plan Name \*\*\*\*\* TPL \*\*\*\*\*

NAME

DOE, JANE

ID

9999999999 (F)

SEX

F

DOB

01/01/06

AGE

100

MEDICAL/PHARMACY

Health Plan

DENTAL

A Participating Dentist

MENTAL HEALTH SERVICES

Wasatch Mental Health

Your  
Medicaid ID  
Number

COPAY / CO-INS FOR: NON-EMERGENCY USE OF THE ER, OUTPAT HOSP & PHYSICIAN SVCS, PHARMACY, INPAT HOSP  
THIRD PARTY; MAILHANDLERS  
POLICY HOLDER: DOE,JOHN

\*\*\*\*\*  
**Promote Prevent Protect**  
**CLIENT:** THIS CARD MUST BE PRESENTED BEFORE RECEIVING MEDICAID SERVICES. PLEASE KEEP THIS CARD  
FOR YOUR RECORDS. IF YOU HAVE QUESTIONS ON MEDICAL COVERAGE CALL MEDICAID AT 1-800-662-9651.  
IF YOU HAVE QUESTIONS ON MENTAL HEALTH COVERAGE CALL WASATCH AT 1-801-373-4760. FOR  
USE OF THIS CARD OR QUESTIONS ON DENTAL OR PHARMACY, PLEASE CONTACT MEDICAID INFORMATION AT  
538-6155 OR TOLL FREE 1-800-662-9651. ANY ATTEMPT TO MODIFY THIS CARD IN ANY WAY OR ALLOW USE BY  
UNAUTHORIZED PERSONS CONSTITUTES FRAUD.

**PROVIDER:** IF THERE ARE ANY CHANGES ON INSURANCE COVERAGE, CALL THE TPL UNIT AT 1-800-821-2237.  
PLEASE KEEP A COPY OF THIS CARD FOR YOUR RECORDS. THIS IS THE END OF THE MEDICAID  
IDENTIFICATION CARD. \*\*\*\*\* 00012345 AM

Case Number and Program Type